PARK VIEW HEALTH CARE - REHAB PAV. - FDD

725 BUTLER AVENUE, P.O. BOX 10

WINNEBAGO 54985 Phone: (920) 235-5100 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 19 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/02): 19 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 19 Average Daily Census: 19

************************************ Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 100.0 | Under 65 73.7 | More Than 4 Years No | Mental Illness (Org./Psy) 0.0 | 65 - 74 15.8 | Day Services 5.3 | No | Mental Illness (Other) 0.0 | 75 - 84 Respite Care No | Mental Illness (Other) 0.0 | 75 - 84 No | Alcohol & Other Drug Abuse 0.0 | 85 - 94 Adult Day Care 5 3 | ******************* 0.0 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 0.0 | 95 & Over Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 0.0 | 0.0 No | Fractures 100.0 | (12/31/02) Home Delivered Meals Other Meals No | Cerebrovascular No | Diabetes Transportation Referral Service Other Services Provide Day Programming for | Other Medical Conditions 0.0 | Male 63.2 | Aides, & Orderlies 55.1 36.8 | ----- | Mentally Ill ---- | Female Provide Day Programming for 100.0 | Developmentally Disabled Yes| 100.0 | ******************

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)		Other			Private Pay		Family Care		Managed Care						
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	oļo	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				19	100.0	165	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	19	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		19	100.0		0	0.0		0	0.0		0	0.0		0	0.0		19	100.0

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************************* % Needing Total Percent Admissions from: Number of Residents Other Locations Total Number of Admissions

Percent Discharges To:

Private Home/No Home Health
Private Home/With Home Health
Other Nursing Homes
Acute Care Hospitals

Psych. Hosp.-MR/DD Facilities

Other Nursing Warnish Agencies Service Rehabilitation Hospitals 0.0 | 33.3 | Skin Care Other Locations Other Resident Characteristics 0.0 Have Advan 5.3 Medications Deaths 66.7 | With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges | With Rashes (Including Deaths) 3 | Receiving Psychoactive Drugs 57.9

	This Facility		'DD cilities		All ilties	
	% 	% 	Ratio	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	83.9	1.19	85.1	1.17	
Current Residents from In-County	89.5	38.2	2.34	76.6	1.17	
Admissions from In-County, Still Residing	66.7	18.5	3.60	20.3	3.28	
Admissions/Average Daily Census	15.8	20.3	0.78	133.4	0.12	
Discharges/Average Daily Census	15.8	23.6	0.67	135.3	0.12	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	26.3	15.3	1.72	87.7	0.30	
Title 19 (Medicaid) Funded Residents	100.0	99.2	1.01	67.5	1.48	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
Impaired ADL (Mean) *	62.1	54.0	1.15	49.3	1.26	
Psychological Problems	57.9	48.2	1.20	54.0	1.07	
Nursing Care Required (Mean) *	12.5	11.3	1.10	7.2	1.74	